

Customer Information

City of Lincoln Public Works Department Division of Solid Waste 916.434.2450

SOLID WASTE WALK-OUT SERVICE REQUEST FORM

Name: __ Phone Number: Service Address: Secondary Contact Name: Secondary Contact Number: **Walk-Out Request Information** Reason(s) for Walk-Out request: Current location of Containers: Green Waste: Walk-Out service term requested – please choose one of the boxes below. □ Temporary □ Permanent Service Start Date: ______ If applicable, service end date: _____ Terms and conditions: I understand, if this application for walk-out collection service is approved by the City of Lincoln, I hereby authorize the City of Lincoln, its employees and contractors, authority to enter onto my property for the purpose of servicing my garbage can and/or green waste can, and hereby waive any and all claims I may have against them for any damage caused by such access, except to the extent any such damage was caused by an intentional act or gross negligence. Print Name: Signature: _____ Date: _____ ***** The following section must be completed by your Physician or Medical Provider

onlv. *****

Please confirm patient's contact information below.

Patient Name:
Please check one of the following: □ Patient needs assistance with garbage/green waste collection permanently. □ Patient needs assistance with garbage/green waste collection temporarily. Discontinue assisted service after (date).
Other Comments:
Name of Healthcare Provider or Medical Establishment:
Phone Number: Address:
Statement: I certify that this patient needs assistance in getting their refuse can out for collection by the City of Lincoln.
Print Name/Professional Medical ID Number:
Signature: Date:

RETURN YOUR COMPLETED FORM:

BY EMAIL: Public.Services@lincolnca.gov

BY FAX: (916) 543-8516

BY MAIL: City of Lincoln

Attn: Solid Waste Division

600 Sixth Street Lincoln, CA 95648